M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10279

CERTIFICATE OF DEATH

Reg. Dist. No. 185 –

1. PLACE OF DEATH: COUNTY Harford Maryland MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 45 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Harford COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 660 Franklin

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Elizabeth Stella Amato

4. DATE OF DEATH (Month) (Day) (Year) 19 10/18/50

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH 1/6/1871

9. AGE last birthday 79 yrs. If under 1 year Months 9 Days 11 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Italy

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Louis Alagia

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY No. no

17. INFORMANT AND ADDRESS Teresa A. Amato, Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arterio Sclerosis	25 yrs
331X Antecedent cause(s)	(b) Cerebral Hemorrhage	7 days
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Cachexia	6 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/8, 1925, to 10/18, 1950, that I last saw the deceased alive on 10/18, 1950, and that death occurred at 7:10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles J. Foley MD

ADDRESS 400 Commerce Havre de Grace Md

DATE SIGNED 10/19/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 10/21/50

NAME OF CEMETERY OR CREMATORY Mt. Erin

LOCATION (City, town, or county) (State) Havre de Grace, Md.

DATE REC'D BY LOCAL REG. Oct. 20 - 1950

REGISTRAR'S SIGNATURE A. L. Lewis M. D.

24. FUNERAL DIRECTOR Pennington & Son, Havre DE Grace, Md.

ADDRESS

RECEIVED
OCT 25 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10280

CERTIFICATE OF DEATH

Reg. Dist. No. 8-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace Rd 1 | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace RD#1
STREET ADDRESS (If rural give location) Havre de Grace, Md. RD#1

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) Walter (Last) Anderson
4. DATE OF DEATH: (Month) Oct. (Day) 3 (Year) 19 50

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 19, 1866
9. AGE last birthday: 84 yrs.
If under 1 year: Months | Days
If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner (retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Harford County
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Anderson
14. MOTHER'S MAIDEN NAME: Mary E Keen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)
16. SOCIAL SECURITY No.: No
17. INFORMANT: Miss Elizabeth N. Anderson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 2 hrs
422.1
Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
932 (h) Arterio-sclerotic C.V. Disease — 4 yrs
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Dry-Gangrene left foot. — 3 mos

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1932, to Oct, 1950, that I last saw the deceased alive on Sept 30, 1950 and that death occurred at 1:15 a m., from the causes and on the date stated above.

SIGNATURE J. Ralph Horney (Degree or title) ADDRESS Churchville DATE SIGNED MC

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Oct. 5. 1950 | NAME OF CEMETERY OR CREMATORY Rock Run Cemetery | LOCATION (City, town, or county) Harford County | (State) Md.

DATE REC'D BY LOCAL REG. Oct 5, 50 | REGISTRAR'S SIGNATURE Bertha B. Knight. Deputy | 24. FUNERAL DIRECTOR V. Madeline Mitchell | ADDRESS Havre de Grace Md.

000 VV

VS. A15

RECEIVED
OCT 0 1950
BUREAU U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10281

CERTIFICATE OF DEATH

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford — Maryland MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 69 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — Harford COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace, Md.
STREET ADDRESS (If rural give location) 412 N. Union Ave.

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) Leithiser (Last) Baldwin

4. DATE OF DEATH (Month) (Day) (Year): Io/7/50 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: II/II/1880

9. AGE last birthday: 69 yrs. If under 1 year: Months 10 Days 26 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Havre de Grace, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac I. Leithiser

14. MOTHER'S MAIDEN NAME: Katherine A. Bayard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: No

17. INFORMANT: Mrs. Roswell Poplar, Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis — 4 days.

420.0 Antecedent cause(s) (b) Generalize Arteriosclerosis (Arteriosclerosis) — 2 years

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart disease — 6 months

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 6, 1950, to Oct 7, 1950, that I last saw the deceased alive on Oct 7, 1950, and that death occurred at 2.30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thos L. MacLennan M.D. ADDRESS Union & Franklin Havre de Grace Md DATE SIGNED Io/9/50.

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Io/9/50 | NAME OF CEMETERY OR CREMATORY: Angel Hill | LOCATION (City, town or county) (State): Havre de Grace, Md.

DATE REC'D BY LOCAL REG. Oct. 8-1950 | REGISTRAR'S SIGNATURE C. L. Lewis M. D. | FUNERAL DIRECTOR: Pennington & Son, Havre de Grace, Md. ADDRESS

RECEIVED
OCT 11 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10282

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH
COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen
LENGTH OF STAY (in this place): 9 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Army Hospital, Aberdeen Proving Ground, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen
STREET ADDRESS (If rural, give location): 3 Monroe Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CLASSIE	MAE	BLALOCK	October	3	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~ (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Negro	Single	2 October 1950	yrs.		1	14	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ——
10b. KIND OF BUSINESS OR INDUSTRY: ——
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Wilson (NMI) Blalock
14. MOTHER'S MAIDEN NAME: Erie May Mapp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: ——
17. INFORMANT AND ADDRESS: Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.0 **Immediate cause** (a) Atelectasis, bilateral, congenital — Interval Between Onset and Death: 38 hrs

161a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 2, 1950, to Oct 3, 1950, that I last saw the deceased alive on Oct 3, 1950, and that death occurred at 3:07P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Laura Hill Kremer	M.D.	U. S. ARMY HOSP, APG, MD.	10/4/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-6-50	Post Cemetery	Aberdeen Proving Ground Md

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
October 6-50	Nellie L. Riley	Elmer E Bullock	Havre de Grace, Md

2-0-0-02-0-25-2-10-5

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 9 1990
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

10283

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Joppa, Rural — LENGTH OF STAY (in this place): 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Joppa - Rural
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Benjamin (Middle) McClennan (Last) Brown

4. DATE OF DEATH: (Month) October (Day) 18 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M	Black	Widower	Mar 11. 1863	87 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm Hand		Fallston md	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward Brown	Susanna Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	none	Isabelle Robinson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4/22.1 **Immediate cause** (a) Arteriosclerotic C V disease — INTERVAL BETWEEN ONSET AND DEATH: none

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
93d
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Herald C Palmer M D	Deputy Medical Examiner	Harford Co. Bel Air Md	10/18/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 21. 1950	Tabernacle	Benson Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-20-50	Priscilla Forwood	W. H. Archer	Benson Md

866 VV

VS/A15A

RECEIVED
OCT 24 1950

10284

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Pru. Ard
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Harold (Middle) Robert (Last) Cayton
4. DATE OF DEATH (Month) Oct. (Day) 17 (Year) 1950
5. SEX m
6. COLOR OR RACE w
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH 16 Oct 1950
9. AGE last birthday yrs. If under 1 year Months. Days If under 24 hrs. Hours 8 Min. 40
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY NB
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Herman Graham Cayton
14. MOTHER'S MAIDEN NAME Anne Bertha Shanks
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity (6½ months) — INTERVAL BETWEEN ONSET AND DEATH: 9 Hrs.

776X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Syphilis in Mother

159 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 Oct, 1950, to 17 Oct, 1950, that I last saw the deceased alive on 17 Oct, 1950, and that death occurred at 0710 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Joseph R. Dola, Mal. U.S. Army Hosp - A.P.G., Md. Oct. 17, 1950.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Oct. 20, 1950
NAME OF CEMETERY OR CREMATORY Cokesbury
LOCATION (City, town, or county) (State) Abingdon Harford Md

DATE REC'D BY LOCAL REG. Oct. 24, 1950
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Howard K. McCormick & Son ADDRESS Abingdon Md

2-0-0-16-0-36-2-26-0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 24 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

10285

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford; STATE Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; LENGTH OF STAY (in this place) 21 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Street
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) M (Last) Cullum
4. DATE OF DEATH: (Month) 10 (Day) 20 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: August 29 1883
9. AGE last birthday: 67 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Crop Farm owner
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Henry Cullum
14. MOTHER'S MAIDEN NAME: Anderson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No
16. SOCIAL SECURITY NO.: No
17. INFORMANT AND ADDRESS: Mrs. Henry Cullum Street, Md. R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart failure

584X Antecedent cause(s)

126 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cirrhosis liver — following common duct obstruction.

(c) Peritonitis — secondary to bowel fistula — probably secondary to mesenteric thrombosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 10/2/50
19b. MAJOR FINDINGS OF OPERATION: Obstruction common bile duct due to stone — Jaundice
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 29, 1950, to Oct. 20, 1950 that I last saw the deceased alive on Oct. 20, 1950, and that death occurred at 1-30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Donald Mohler M.D. ADDRESS: Harford Memorial Hosp. DATE SIGNED: 10/20/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Oct. 22 1950
NAME OF CEMETERY OR CREMATORY: Bel-Air Memorial Park
LOCATION (City, town, or county) (State): Harford Co, Md.

DATE REC'D BY LOCAL REG.: Oct. 21-1950
REGISTRAR'S SIGNATURE: A. L. Lewis M.D.
24. FUNERAL DIRECTOR: H. S. Bailey ADDRESS: Darlington, Md.

OOOVV

RECEIVED
OCT 25 1950
BUREAU V. S

10286

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (In this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 732 Green Street

3. NAME OF DECEASED (Type or Print) (First) Stella (Middle) Viola (Last) Cullum

4. DATE OF DEATH (Month) Oct. (Day) 24 (Year) 1950

5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan. 24 1891
9. AGE last birthday 59 yrs. If under 1 year Months 9 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME John L. Cullum
14. MOTHER'S MAIDEN NAME Annie Moffit

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS James W. Cain Bel Air Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Oedema	few hours
420.1 9d a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Occlusion	few hours
	(c) Malignant Hypertension	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1939, to October 24, 1950, that I last saw the deceased alive on October 24, 1950, and that death occurred at 4:30 A.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm Wolbert M.D. ADDRESS Havre de Grace Md DATE SIGNED October 25, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 26th
NAME OF CEMETERY OR CREMATORY Mt Zion Cemetery
LOCATION (City, town, or county) (State) Bel Air Harford Co Md

DATE REC'D BY LOCAL REG. Oct. 25 1950
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Henry Tarring and Sons ADDRESS Aberdeen Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 27 1950
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10287

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whiteford, Rural; LENGTH OF STAY (in this place) 60 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whiteford, Rural; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) ALFRED (Last) DAUGHTON

4. DATE OF DEATH: (Month) Oct. (Day) 29- (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 5-1876

9. AGE last birthday: 74 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Farm Hand

11. BIRTHPLACE (State or foreign country): Harford Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John T. Daughton

14. MOTHER'S MAIDEN NAME: Mary E. Churchlea

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 219-07-8338

17. INFORMANT AND ADDRESS: Marion B. Daughton Whiteford Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 3 days

443 X Antecedent cause(s)

938 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive C-V Disease — 3

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 26, 1950, to Oct 29, 1950, that I last saw the deceased alive on Oct 28, 1950, and that death occurred at C.A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Noah A. Hunt M.D. ADDRESS: Delta, Pa. DATE SIGNED: 10/30/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: Nov. 1-1950 NAME OF CEMETERY OR CREMATORY: Mt. Olivet cemetery LOCATION (City, town, or county): York Co. (State): Pa.

DATE REC'D BY LOCAL REG. 10-31-50 REGISTRAR'S SIGNATURE: Priscilla Forwood

24. FUNERAL DIRECTOR: Herbert P. Harkins ADDRESS: Delta, Pa.

VS. A15

8666 V

RECEIVED
NOV 16 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10288

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Upper Crossroads

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston; STREET ADDRESS (If rural, give location) Upper Crossroads

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) HENRY (Last) FLAYHART

4. DATE OF DEATH: (Month) OCT (Day) 2 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Oct. 18, 1867

9. AGE last birthday: 82 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plastering

10b. KIND OF BUSINESS OR INDUSTRY: Contractor-Construction

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joshua Flayhart

14. MOTHER'S MAIDEN NAME: Martha Lightner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Leah Flayhart Fallston, Md. Upper Crossroads,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CARDIO-RESPIRATORY FAILURE	10 MINUTES
450.0 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CONGESTIVE HEART FAILURE	4 MONTHS
	(c) ARTERIOSCLEROSIS	6 MONTHS

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. HYPERTROPHY OF PROSTATE — 2 YEARS

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —

(CITY OR TOWN) (COUNTY) (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from AUGUST, 1950, to 2 OCT, 1950, that I last saw the deceased alive on 1 OCT, 1950, and that death occurred at 10:20 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) N. P. Sudwell M. D. ADDRESS Bel Air Md DATE SIGNED 3 Oct '50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 10/6/50 NAME OF CEMETERY OR CREMATORY Loudon Park Cem. LOCATION (City, town, or county) Balto., Md. (State)

DATE REC'D BY LOCAL REG. 10/5/50 REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR Wm. J. Tickner & Sons ADDRESS Balto Md

1ST

346 V9

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10289

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH
COUNTY Harford — Maryland — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre-de-Grace
LENGTH OF STAY (In this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — Harford COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace, Md.
STREET ADDRESS (If rural, give location) 400 S. Washington

3. NAME OF DECEASED (Type or Print) (First) John William (Middle) (Last) Fulton

4. DATE OF DEATH (Month) (Day) (Year) 10/11/50 19

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 5/12/1861

9. AGE Last birthday 89 yrs. | If under 1 year Months 4 Days 28 | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Guard

10b. KIND OF BUSINESS OR INDUSTRY Vets Hosp. Perry Point

11. BIRTHPLACE (State or foreign country) Pilot, Cecil Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas Fulton

14. MOTHER'S MAIDEN NAME Amelia A. Horner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown | (If year, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT AND ADDRESS Mrs. R.F.Fadeley, Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Insufficiency

592X Antecedent cause(s) (b) Chronic Nephritis - Myocarditis

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-12-50, 19..., to 10/11, 1950, that I last saw the deceased alive on 10-11, 1950, and that death occurred at 9 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C.L. Lewis M.D. Havre de Grace Md 10-13-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 10/14/50 | NAME OF CEMETERY OR CREMATORY Angel Hill | LOCATION (City, town, or county) (State) Havre de Grace, Md.

DATE REC'D BY LOCAL REG. Oct. 13. 1950 | REGISTRAR'S SIGNATURE C. L. Lewis M. D. | 24. FUNERAL DIRECTOR Pennington & Son, Havre de Grace, Md. ADDRESS

Pennington & Son

60297

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 17 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10290

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Wm. (Middle) E (Last) Gallion

4. DATE OF DEATH: (Month) Oct. (Day) 20 (Year) 1950

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Married — 8. DATE OF BIRTH: Feb 25 1886 — 9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Medical Doctor — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Harford Co, Md — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. E. Gallion — 14. MOTHER'S MAIDEN NAME: Mary Booth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service): No — 16. SOCIAL SECURITY NO.: No — 17. INFORMANT AND ADDRESS: Mrs. Wm. E. Gallion

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 40 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Rheumatic Cardio-Vascular disease — 416X 93C

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 19 49, to Oct. 20, 19 50, that I last saw the deceased alive on Oct. 20, 19 50, and that death occurred at 1.55 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Malcolm Dudley Phillips MD — Darlington Md — 10/20/50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

Burial — Oct. 23 1950 — Darlington Cem — Harford Co, Md.

DATE REC'D BY LOCAL REG. Oct 20, 1950 — REGISTRAR'S SIGNATURE C. H. Kirk — 24. FUNERAL DIRECTOR H. S. Bailey — ADDRESS Darlington Md.

V3292

RECEIVED
OCT 30 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

10291

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington; MARYLAND; LENGTH OF STAY (in this place) Rural; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural, give location) Havre-De-Grace, R. D.

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Henry (Last) Hash

4. DATE OF DEATH: (Month) Oct. (Day) 26, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 1, 1877

9. AGE last birthday: 73 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Crop Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Owner & Farm

11. BIRTHPLACE (State or foreign country): Ash Co. N.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John H. Hash

14. MOTHER'S MAIDEN NAME: Elizabeth Hawkes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. No

17. INFORMANT AND ADDRESS: Mrs. Thomas H Hash Havre-De-Grace R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) old age — INTERVAL BETWEEN ONSET AND DEATH: immediately

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis — 450.0 97

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October, 1949, to Oct. 26, 1950 that I last saw the deceased alive on Oct 17, 1950, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Malcolm Dudley Phillips MD Darlington, Md 10/26/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Oct 29 1950

NAME OF CEMETERY OR CREMATORY: Harmony Cem

LOCATION (City, town, or county) (State): Harford Co, Md.

DATE REC'D BY LOCAL REG. Oct. 28, 1950

REGISTRAR'S SIGNATURE: C. W. Kirk

24. FUNERAL DIRECTOR: H. S. Bailey

ADDRESS: Darlington Md.

VS. A15

RECEIVED
NOV 6 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10292

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Norrisville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Norrisville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) E. (Last) HULSHART

4. DATE OF DEATH (Month) 10 (Day) 13 (Year) 1950

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH 5-1-1882
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dairy Farm owner
10b. KIND OF BUSINESS OR INDUSTRY Dairy man
11. BIRTHPLACE (State or foreign country) Harford Co Md
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME George W Hulshart
14. MOTHER'S MAIDEN NAME Mollie Wherly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Roxton Andrews

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial failure, cerebral embolism

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bundle branch block & myocardial

(c) infarct, arteriosclerosis, chr. spastic colitis.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 17, 1950, to Oct. 13, 1950, that I last saw the deceased alive on Oct. 13, 1950, and that death occurred at 9:30 P.m., from the causes and on the date stated above.

SIGNATURE Norman H. Gemmill (Degree or title) M.D. ADDRESS Stewartstown Pa. Norman H. Gem. DATE SIGNED 10/14/50.

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE 10-16-50
NAME OF CEMETERY OR CREMATORY NORRISVILLE
LOCATION (City, town, or county) NORRISVILLE, HARFORD CO. (State) MD

DATE REC'D BY LOCAL REG. 10-15-50
REGISTRAR'S SIGNATURE Priscilla Forward
24. FUNERAL DIRECTOR Howard Webb Farm Grove Pa ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

000VV

RECEIVED
OCT 20 1980
U.S. BUREAU

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10293

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH COUNTY: Harford Maryland MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland Harford COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace — LENGTH OF STAY (in this place): 86 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location): 219 S. Washington

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): George Taylor Johnson	4. DATE OF DEATH (Month) (Day) (Year): 10/7/50 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	6/5/1864	86 yrs.	4	2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	City Street Dept.	Havre de Grace	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John L. Johnson	Mary Jane Cameron

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
no		Unknown	Mrs. Geo. Johnson, Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Left ventricular failure	2 hrs.
420.1 Antecedent cause(s)	(b) Coronary arteriosclerosis	3 years
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senile Dementia	1 month

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15, 1950, to Oct 7, 1950, that I last saw the deceased alive on Oct 7, 1950, and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Smith L. Wachsman	M. D.	Union & Franklin Havre de Grace	10/7/50.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/10/50	Angel Hill	Havre de Grace, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 8-1950	A. L. Lewis M. D.	Pennington & Son, Havre de Grace, Md. Pennington & Son	

98898

RECEIVED
OCT 11 1950
BUREAU V. R

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10294

Reg. Dist. No. 182

1. PLACE OF DEATH

County Harford

City or town Street, Md. Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Harford

~~City or~~ town Street Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war No

3. (a) FULL NAME Charles Reed Jourdan Jr

3. (b) Social Security Number 219-03-0217

4. Sex: Male

5. Color or race: White

6.(a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6.(b) Name of ~~husband or~~ wife: Dora Jourdan

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Dec. 16, 1891

8. AGE: Years 58 | Months 9 | Days 19 | If less than one day ..... hrs. ..... min.

9. Birthplace: Harford Co., Md.
(Town, county, and state)

10. Usual occupation: Electrician

11. Industry or business: General Wiring

FATHER
12. Name: Charles Reed Jourdan Sr
13. Birthplace: Harford Co., Md.

MOTHER
14. Maiden name: Martha J. Hopkins
15. Birthplace: Harford Co., Md

16. Informant: Mrs Charles Reed Jourdan

Address: Street, Md. Rural

17. Burial
(Burial, ~~cremation, or removal, which?~~)

Date thereof: Oct. 8, 1950 (month) (day) (year)

Cemetery ~~or crematory~~: Mt. Zion Cem.

Location: Harford Co., Md.

18. Funeral director: H. S. Bailey

Address: Darlington Md.

19. Oct. 6 1950 C. W. Kirk
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 6 1950, at 3a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1945, to Oct 1950

and that I last saw h[illegible] alive on Oct 5 1950

Immediate cause of death: Coronary Thrombosis

Due to: 420.1

Due to:

Other conditions: Allergic Asthma

94a (Include pregnancy within 3 months of death)

DURATION
11 hrs
25 yrs

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: J. Ralph Hardy M.D.
M. D. or other

Address: Churchville Md Date signed Oct 6

3/4/49

VS A15 9-45-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 30 1950
BUREAU U. S

MARYLAND STATE DEPARTMENT OF HEALTH

10295

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper cross Roads; LENGTH OF STAY (in this place) 44 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper cross Roads; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Bessie (Middle) Agnes (Last) Kelly

4. DATE OF DEATH: (Month) Oct (Day) 30 (Year) 30

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov 1st 1868

9. AGE last birthday: 61 yrs. If under 1 year: Months 11 Days 29 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Jamesville Balto Co

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Van Wilgis

14. MOTHER'S MAIDEN NAME: Elizabeth Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Wm J Kelly Baldwin RD md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	5 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-sclerotic Hypertension Heart Disease	3 years (3)
	(c) Arterio sclerosis	10 years

420.0

93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity. "

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1948, to Oct 30, 1950; that I last saw the deceased alive on Aug 18, 1950, and that death occurred at 2.20 P.m., from the causes and on the date stated above.

SIGNATURE: J. James Sherwin Jr. M.D. (Degree or title) ADDRESS: Jarrettsville, Md. DATE SIGNED: 10/31/50

23. BURIAL, CREMATION, REMOVAL (Specify): Buried | DATE THEREOF: Nov 2 1950 | NAME OF CEMETERY OR CREMATORY: St Johns | LOCATION (City, town, or county) (State): Long Green, Balto md

DATE REC'D BY LOCAL REG. 10-31-30 | REGISTRAR'S SIGNATURE: Priscilla Foxwood | 24. FUNERAL DIRECTOR: Martin L Kurtz Jr. ADDRESS: Jarrettsville md

RECEIVED
NOV 16 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

10296

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

T

VS. A15A

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air (Rural) | LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air, Rural Md
STREET ADDRESS (If rural, give location) Waterdale Rd.

3. NAME OF DECEASED (Type or Print): (First) Alexander (Middle) (Last) McComas

4. DATE OF DEATH: (Month) October (Day) 2 (Year) 1930

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: April 13 1907

9. AGE last birthday: 43 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Lumber

11. BIRTHPLACE (State or foreign country): Bel Air Md.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: M Stanley M°Comas

14. MOTHER'S MAIDEN NAME: Sarah Albaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs Geraldine E McComas

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: none

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Gerald C Palmer M.D. Deputy Medical Examiner | Harford Co. | Bel Air Md. | 10/2/30

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Oct 4/30 | NAME OF CEMETERY OR CREMATORY: Mt Zion | LOCATION (City, town, or county) (State): Fountain Green Harford Md

DATE REC'D BY LOCAL REG. 10-3-30 | REGISTRAR'S SIGNATURE: Priscilla Forwood | 24. FUNERAL DIRECTOR: Joseph T. Foster | ADDRESS: Bel Air Md

5609

RECEIVED
OCT 5 1950
BUREAU V. S

Evidence for addition in 21 shown on:

FILM No. G 130 FEB 1 1951

MARYLAND STATE DEPARTMENT OF HEALTH

10297

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (In this place) 2 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Philadelphia
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.	STREET ADDRESS (If rural give location) 3126 Salmon Street

3. NAME OF DECEASED (Type or Print) (First) Patricia (Middle) (Last) McDevitt			4. DATE OF DEATH (Month) October (Day) 24 (Year) 1950		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH April 3, 1929	9. AGE last birthday 21 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown	10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) Pennsylvania	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13. FATHER'S NAME Gerald McDevitt			14. MOTHER'S MAIDEN NAME Viola Augustyn		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none		17. INFORMANT Gerald McDevitt 3126 Salmon St. Phila. Pa.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) as a result of auto accident	
	(c)	

816.5

17oc

331+

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) U S Route 40	(CITY OR TOWN) Principio Furnace (COUNTY) Cecil (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 22, 1950 11A m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR? Auto-object type, (tractor trailer) (2-1-51 - ams)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gerald C Palmer MD	Deputy Medical Examiner	Harford County Bel Air, Md	10/24/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/29/50	Holy Sepulchre Cem	Phila. Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 24-1950	G. L. Lewis M.D.	Michael J. Reilly	Phila. Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

XVX99

RECEIVED
OCT 20 1950
BUREAU T. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10298

CERTIFICATE OF DEATH

Reg. Dist. No. 181

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural
STREET ADDRESS (If rural, give location) Churchville

3. NAME OF DECEASED (Type or Print): (First) Lena (Middle) Krig (Last) Mull

4. DATE OF DEATH: (Month) Oct. (Day) 5th (Year) 19 50

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 3. 1882

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Fredrick Krieg

14. MOTHER'S MAIDEN NAME: Earnestine Schuster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Joseph A. Mull.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X **Immediate cause** (a) Acute renal failure — Interval between onset and death: 6 days

46 0 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma, Stomach — 1 Yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: Adeno carcinoma of stomach

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 19 49, to Oct., 19 50, that I last saw the deceased alive on Oct 1, 19 50, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Ralph Hosking MD ADDRESS Churchville Md DATE SIGNED Oct 5 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct. 8th — NAME OF CEMETERY OR CREMATORY: Calvary Cemetery — LOCATION (City, town, or county) (State): Churchville Harford md

DATE REC'D BY LOCAL REG.: Oct. 6-50 — REGISTRAR'S SIGNATURE: Nellie L. Riley

24. FUNERAL DIRECTOR: Henry Harring MD Sons — ADDRESS: Aberdeen md.

RECEIVED
OCT 9 1950
BUREAU V, S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

10299

Reg. Dist. No. 185-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (in this place) 10 DA
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Eli (Middle) — (Last) Ossofsky

4. DATE OF DEATH: (Month) October (Day) 18 (Year) 19 50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	married	Nov. 24 1924	25 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Physicist
10b. KIND OF BUSINESS OR INDUSTRY: A.P.G. Md.
11. BIRTHPLACE (State or foreign country): New York City, N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Assofsky
14. MOTHER'S MAIDEN NAME: Lillie Pordy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Mrs. Helen L. Johns Assofsky

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
816.5 Immediate cause	(a) Fracture skull	none
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 170c	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Rte 40 | (CITY OR TOWN) Aberdeen | (COUNTY) Harford | (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 18, 1950 10:35 A.M.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? His car hit truck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gerald C Palmer MD	Deputy Medical Examiner	Harford Co. Bel Air Md	10/18/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Removal	Oct. 19 1950		New York City	N.Y.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 19-1950	A. L. Lewis M.D. D.H.	Madson	Mitchell, Havre de Grace Md.

VS. A15A

V5247

RECEIVED
OCT 23 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10300

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cardiff
LENGTH OF STAY (in this place) 71 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cardiff
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) THOMAS (Middle) J. (Last) PARRY

4. DATE OF DEATH (Month) Oct. (Day) 12 (Year) 1950

5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Sept. 21-1879
9. AGE last birthday 71 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Quarryman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas Parry
14. MOTHER'S MAIDEN NAME Carrie Stull

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No. 215-05-8368
17. INFORMANT AND ADDRESS Anna Parry - Cardiff, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X Immediate cause (a) Cerebral hemorrhage

Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Atherosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1945, to October 12, 1950, that I last saw the deceased alive on October 12, 1950, and that death occurred at 7:25 P.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) Borough M.D. ADDRESS CARDIFF DATE SIGNED 10/13/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 10-15-1950
NAME OF CEMETERY OR CREMATORY Slateridge Cemetery
LOCATION (City, town, or county) Delta, York Co. (State) Pa.

DATE REC'D BY LOCAL REG. 10-14-50
REGISTRAR'S SIGNATURE Priscilla Lowood
24. FUNERAL DIRECTOR Hubert P. Harkins ADDRESS Delta, Pa.

156V6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
OCT 20 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10301

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill (Rural) — LENGTH OF STAY (in this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill (Rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Julie (Middle) Carcaud (Last) Pyle

4. DATE OF DEATH: (Month) Oct (Day) 18 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: July 27 1862

9. AGE last birthday: 88 yrs.

If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Catahula Parish, La.

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Thomas Carcaud

14. MOTHER'S MAIDEN NAME: Elis A Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs Herman Wilgis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Mesenteric Thrombosis	60 hrs
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Chr. Cardio. Vascular Disease	8 days.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1945, to Oct 18, 1950, that I last saw the deceased alive on Oct 18, 1950, and that death occurred at 11:40 a.m., from the causes and on the date stated above.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Willard J. Hudson — Forest Hill Md — 10/19/50

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

Burial — Oct 20/1950 — Tabernacle — Fountain Green Harford Md

DATE REC'D BY LOCAL REG. 10-19-50 — REGISTRAR'S SIGNATURE Priscilla Fawcett — 24. FUNERAL DIRECTOR — ADDRESS

Joseph T Foster — Del Air Md

RECEIVED
OCT 24 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

10302

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 18

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural; LENGTH OF STAY (in this place) 5 months; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Florida; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Zephyr Hills; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Wm. (Last) Sanders

4. DATE OF DEATH: (Month) Oct. (Day) 5th. (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 3 1868

9. AGE last birthday: 81 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Machinest

10b. KIND OF BUSINESS OR INDUSTRY: Rail Road

11. BIRTHPLACE (State or foreign country): Penn.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Preston Sanders

14. MOTHER'S MAIDEN NAME: Mary L. Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Thomas Sanders

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Heart Failure	2 days
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Coronary Arteriosclerosis	10 yr.
94a (c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostatectomy, recent — 17 days

19a. DATE OF OPERATION: 9-18-50

19b. MAJOR FINDINGS OF OPERATION: Benign prostatic hypertrophy

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-8, 1950, to 9-5, 1950, that I last saw the deceased alive on 9-4-50, 1950, and that death occurred at 1:20 p.m., from the causes and on the date stated above.

SIGNATURE Peter V. Hartmann M.D. (Degree or title) ADDRESS Aberdeen Md. DATE SIGNED 10-6-50

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF: Oct. 6th

NAME OF CEMETERY OR CREMATORY: Chattanooga Cemetery

LOCATION (City, town, or county) (State): Chattanooga Tenn.

DATE REC'D BY LOCAL REG.: Oct. 6 - 1950

REGISTRAR'S SIGNATURE: Allie L. Riley

24. FUNERAL DIRECTOR: Henry Tarring and Sons ADDRESS: 32647 aberdeen md.

RECEIVED
OCT 9 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10303

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whiteford
LENGTH OF STAY (in this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whiteford
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) BENJAMIN (Middle) HARRY (Last) SLIVER

4. DATE OF DEATH: (Month) Oct. (Day) 8, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 31-1893

9. AGE last birthday: 57 yrs. — If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumbing

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): York Co. Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Moses Sliver

14. MOTHER'S MAIDEN NAME: Rachel Norris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Fannie A. Sliver, Whiteford, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
523.3 Immediate cause	(a) Acute congestive heart failure	4 days
Antecedent cause(s)		
1148 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pneumoconiosis + fibrosis	10 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 19 50 to Oct 8, 19 50 that I last saw the deceased alive on Oct 7, 19 50 and that death occurred at 6.30 A m., from the causes and on the date stated above.

SIGNATURE: Charles C. Duff — (Degree or title) MD. — ADDRESS: Street, Md — DATE SIGNED: Oct. 10, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 10-11-1950 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet cem. — LOCATION (City, town, or county) (State): York Co. Pa.

DATE REC'D BY LOCAL REG. 10-10-50 — REGISTRAR'S SIGNATURE: Priscilla Townsend

24. FUNERAL DIRECTOR: Hubert P. Harkins — ADDRESS: Delta, Pa.

34809

RECEIVED
OCT 16 1950
BUREAU V. S.

10304

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
LENGTH OF STAY (in this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Md
STREET ADDRESS (If rural, give location) 45 E Broadway

3. NAME OF DECEASED (Type or Print) (First) Ethel (Middle) Clinton (Last) Smith
4. DATE OF DEATH (Month) Oct (Day) 15 (Year) 1950
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Dec 14/1876
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Glennville Md
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Robert C Smith
14. MOTHER'S MAIDEN NAME Mary E R Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Miss Marie Brix Bel Air, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X Immediate cause (a) Cerebral hemorrhage — A few minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (2d stroke)

830 (c) Arterio sclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 15, 1940, to Oct. 15, 1950, that I last saw the deceased alive on Oct. 15, 1950, and that death occurred at 9 a.m., from the causes and on the date stated above.

SIGNATURE A. F. Van Bibber (Degree or title) ADDRESS Bel Air, Md. DATE SIGNED 10/16/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 18/50
NAME OF CEMETERY OR CREMATORY Darlington
LOCATION (City, town, or county) (State) Darlington Md. Harford Co.

DATE REC'D BY LOCAL REG. 10-16-50
REGISTRAR'S SIGNATURE Priscilla Lowood
24. FUNERAL DIRECTOR Joseph T Foster Bel Air ADDRESS Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

I

RECEIVED
OCT 20 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

10305

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen; LENGTH OF STAY (In this place) 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Army Hospital Aberdeen Proving Ground, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) 225 Ryland Drive

3. NAME OF DECEASED (Type or Print): (First) Cornell (Middle) E (Last) Tanner Jr
4. DATE OF DEATH: (Month) October (Day) 6 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	15 Sept 1950	yrs.		21	2	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -----
10b. KIND OF BUSINESS OR INDUSTRY: -----
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Cornell Edwin Tanner
14. MOTHER'S MAIDEN NAME: Erma Thusnelda Chwartz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No; (If yes, give war or dates of service) ---
16. SOCIAL SECURITY NO. -----
17. INFORMANT: Birth Certificate

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

760.5 **Immediate cause** (a) Cerebral hemorrhage — Interval between onset and death: 3 weeks

760a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prematurity

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work [ ] Not while at work [ ]
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy [ ], Inspection [ ], Inquiry [ ] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gerald C Palmer M.D. Deputy Medical Examiner Hmpstd Co. Bel Air Md 10/6/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10/11/1950
NAME OF CEMETERY OR CREMATORY Post Cemetery
LOCATION (City, town, or county) (State) Aberdeen Proving ground Md

DATE REC'D BY LOCAL REG. Oct. 18-50
REGISTRAR'S SIGNATURE Nellie E. Riley
24. FUNERAL DIRECTOR ADDRESS
Howard C. McComas & Son Abingdon Md

2-0-9-15-0-35-1-38-2-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 19 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

10306

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston Rural — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Carrie (Middle) (Last) Taylor

4. DATE OF DEATH: (Month) October (Day) 27 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: Sept 11 1877

9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Laurel Springs NC

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jacob Pruitt

14. MOTHER'S MAIDEN NAME: Matilda Griffith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Breece L Caudill

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — none

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gerald C Palmer M D Deputy Medical Examiner Harford Co. Bel Air Md 10/27/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Oct 29/50 | NAME OF CEMETERY OR CREMATORY: Bellair Memorial Gardens | LOCATION (City, town, or county) (State): Bel Air Md

DATE REC'D BY LOCAL REG. 10-28-50 | REGISTRAR'S SIGNATURE: Priscilla Forwood | 24. FUNERAL DIRECTOR: Joseph Foster Bel Air Md | ADDRESS

RECEIVED
OCT 31 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH 10307

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill; LENGTH OF STAY (in this place) 10 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Lee (Last) Walters

4. DATE OF DEATH: (Month) Oct (Day) 27 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Dec 10 1864

9. AGE last birthday: 86 yrs. If under 1 year: Months 2 Days 17; If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Jefferson N.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Bower Walters

14. MOTHER'S MAIDEN NAME: Clarisa Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Helen Walters, Fredericksburg

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 3 Min

422.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr Cardio Vascular Disease — 10 yrs

93d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 20, 1950, to Oct 27, 1950, that I last saw the deceased alive on Oct 27, 1950, and that death occurred at 8:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Willard P. Hudson M.D. — Forest Hill Md — 10/28/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct. 30, 1950 — NAME OF CEMETERY OR CREMATORY: Mt Zion — LOCATION (City, town, or county) (State): Fountain Green Md.

DATE REC'D BY LOCAL REG. 10-28-50 — REGISTRAR'S SIGNATURE: Priscilla Fawwood — 24. FUNERAL DIRECTOR — ADDRESS: Martin E Kurtz Jarrettsville Md.

30285

RECEIVED
NOV 6 1950
BUREAU U. S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10308

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Harve de Grace — LENGTH OF STAY (in this place): 9da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Balt.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kingsville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Angelina Roberta Whittle
4. DATE OF DEATH (Month) (Day) (Year): 10 23 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 29 1882
9. AGE last birthday: 68 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: George Bowman
14. MOTHER'S MAIDEN NAME: Pricilla Bailey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Alice Bruffey, Kingsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary oedema

450.0 Antecedent cause(s)

61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congestive Heart Failure

(c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/14/1950, to 10/23/1950 that I last saw the deceased alive on 10/23/, 1950, and that death occurred at 8:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Donald S. Mohler MD — ADDRESS: Harford Memorial Hosp. — DATE SIGNED: 10/23/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Oct 26-50 — NAME OF CEMETERY OR CREMATORY: Wm Watters Mem — LOCATION (City, town, or county) (State): Cooptown Harford Md

DATE REC'D BY LOCAL REG.: Oct. 25-1950 — REGISTRAR'S SIGNATURE: G. L. Lewis M. D. — 24. FUNERAL DIRECTOR: Charles E. Kurtz — ADDRESS: Jarrettsville Md

RECEIVED
OCT 26 1950
BUREAU W. S